## STATEMENT OF COMMISSIONER JESSICA ROSENWORCEL

Re: *Promoting Telehealth in Rural America*, WC Docket No. 17-310.

I've seen the future . . . through a pair of virtual reality goggles as alarms were blaring in my ears and supervising physicians were urging me to administer CPR in order to save a patient. I am not doctor, nor do I play one on television. But I got to see the future of medical care at the Simulation Training and Education Lab in Northwest Washington, where video game developers work hand-in-hand with researchers and clinicians to develop training for the MedStar health system. It turns out virtual reality can improve training by leaps and bounds, reducing real-world errors and improving patient outcomes. This is especially true for practitioners in rural and remote areas who lack the resources for regular inperson consultation and training with colleagues.

But virtual reality requires bandwidth—lots of it. Yet today, the Commission program dedicated to ensuring that bandwidth reaches rural health care providers is stretched thin and about to break. There's an honest reason for that. When this program got its start two decades ago, neither connectivity nor medicine looked much like they do today. Virtual reality, prescription vending machines controlled by doctors at a distance, and electronic health records were the stuff of science fiction. But as I saw at the lab in Washington, today it's become standard medical training and practice.

That is why I am pleased to support today's rulemaking. It examines how to future proof the Commission's Rural Healthcare Program. At the same time, it seeks comment on how to responsibly manage the program budget and, to this end, it asks important questions about prioritization. It also seeks comment on improving incentives to promote more efficient decision-making among funding recipients. I look forward to the record that develops. I also look forward to seeing how we can use this program to speed the way for the future of medical care. That would be good news for both patients and practitioners—especially in rural America.